



09/08/04

15 3694

PATENT

Paper No.

File: 1902/005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : ERLANGER, Michael D.
Serial No. : 09/370,619
Filed : 7 August 1999
For : EFFICIENT MARKET FOR FINANCIAL PRODUCTS
Group Art Unit : 3694
Examiner : COLBERT, Ella

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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I, Donna L. Angotti (Reg. No. 32,679), hereby certify that the following papers or fees:

1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address; and
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are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below:

Date: September 4, 2008

Signed: Donna L. Angotti

Donna L. Angotti (Reg. No. 32,679)

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Donna L. Angotti', written over a horizontal line.

Donna L. Angotti
(Reg. No. 32,679)

Date: September 4, 2008

The Law Offices of Donna L. Angotti
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/370,619
Filing Date	August 7, 1999
First Named Inventor	ERLANGER, Michael David
Art Unit	3694
Examiner Name	COLBERT, Ella
Attorney Docket Number	1902/005

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 68536

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

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| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input checked="" type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
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Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

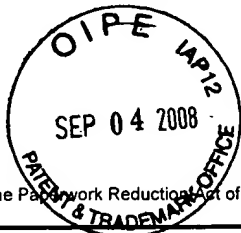
Please provide an explanation, if necessary:

The Client has rejected the attorney's advise regarding handling the matter, was informed of the attorney's intent to withdraw on August 20, 2008 and has concurred and obtained other counsel and informed the attorney of the other counsel.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (04-08)

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B. ☒ Inventor or
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name

Donna L. Angotti

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Address 140 Broadway, Suite 4600

City New York State NY Zip 10005 Country USA

Date September 4, 2008 Telephone No. (212) 858-7515

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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